U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

OLMS	
1. File Number U - 8630	2. Fiscal Year Covered From:
	61 / 01 / 2004 Through: 12 / 31 / 2002
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GENE A HEA PIVEN	Name LABORERS AFL CIO
	Labor Organization File Number 011-719
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any P O Box 775
Street 27002 HEAFNER LN	Street 7232 Herter Inductrial Dr
City God FRE	city Godfrey
State Adv ILL storegative and paper Area of ZIP Code +4 6263 Areas	State 1511 . 100 10 10 10 10 10 10 10 10 10 10 10 10
5 Position in labor organization. [15 ECRE FARY + 12	24.3
	- Department of the Control of the C
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
- Seminary William of History County on the New County of the County of	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
Name Trade Name, if any:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)

Name of Person Filing GENE A. HEA ENICA	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
	grande a conded e all more (no escal a escal de
City State ZIP Code + 4	
State ZIP Code + 4	s i je selje vypaglastik kalakterske zdbilake i sili i
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	The second Mande of the control of the control
The second secon	The proof of their white figures of the open of the
Trade Name, if any:	All is a subject (Mid CO) strate on William in the con-
P.O. Box, Bldg., Room No., if any	ego i esta di militari miniminari presenti di moderni di selenti di selenti di selenti di selenti di selenti di
Street	11.b, Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
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	to the all whose automodel invelopes to
	man had printfern, by drain in his
total services and a service a	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any).	
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
The state of the s	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment

Please be Advised that, based on the records that are currently in my possession related to the calendar year 2004, I do not have' to the best of my knowledge, any LM-30 reportable transactions. I am filing this form in order to qualify as part of the D.O.L. amnesty filing for 2004 and the prior five years.

SA. Hufi 08-12/05.